FORM B10 (Official Form 10) (04/05)

United States Bankruptcy Court - Northern District of Alabama		PROOF OF CLAIM		
Name of Debtor Kisha N Walker		Case Number 343-13		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person money or property): Gene Martin Auto Sale	or other entity to whom the debtor owes	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notic Gene Martin Auto Sale 26890 US Hwy. 31 Nor Jemison, AL 35085	es, Inc.	Check box if you have never received any notices from the bankruptcy court in this case.		
Telephone number:		Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Hee Out-	
Account or other number by w	hich creditor identifies debtor		This Space is for Court Use Only	
5629	THE PARTY MARKING DEURI.	Check here replaces a previously amends	filed claim dated:	
1. Basis for Claim Goods sold		☐ Retiree benefits as defined in 1		
☐ Services performed		☐ Wages, salaries, and compensation (fill out below)		
☐ Money loaned☐ Personal injury/wro	ngful death	Last four digits of SS #: Unpaid compensation for services performed		
☐ Taxes	-	_		
☐ Other	Trom to			
2. Date debt was incurred: 2005		3. If court judgment, date obtained	l:	
A Total Amount of Cl.	. m. o m			
i 4. 10tai Amount of Claim	at Time Case Filed: \$(unsecured)	15,390.00 (prid	15,390.00 (Total)	
If all or part of your claim	(unsecured) is secured or entitled to priority, also complete I cludes interest or other charges in addition to the	(secured) (prior tem 5 or 7 below.	ority) (Total)	
If all or part of your claim Check this box if claim inc statement of all interest or 5. Secured Claim.	(unsecured) is secured or entitled to priority, also complete I cludes interest or other charges in addition to the	(secured) (priority of the claim. 7. Unsecured Priority Claim. Check this box if you have an unsecured Amount entitled to priority \$\infty\$	ority) (Total) zed	
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